

DO NOT INVOICE THIS ADDRESS

City and County of Denver
 Purchasing Division
 201 W. Colfax Ave Dept. 304
 Denver, CO 80202
 United States of America
 Ph: 720-913-8100 Fax: 720-913-8101



Purchase Order Number	PO-00146376
Purchase Order Date	Mar 1, 2024
Contract ID	
Payment Terms	Net 30
Payment Type	ACH
Buyer	Tim Marquez (720) 913-8114 Timothy.Marquez1@denvergov.or

Supplier
INSIGHT PUBLIC SECTOR INC 2701 E INSIGHT WAY CHANDLER, AZ 85286 United States of America Ph: (469) 4433900

Ship-To
Technology Services - Dept 301 201 W Colfax Ave Denver, CO 80202 United States of America Julie DeLuca

Bill To
Bill To Same As Ship To Denver, CO 80202 United States of America Julie DeLuca

Currency	Total Lines Amount	Tax Exempt	Total PO Amount
USD	\$1,540,198.50	98-02890-0000	\$1,540,198.50
Shipping Terms	Shipping Method	Shipping Instructions	
FOB Destination	Common Carrier		

Service Lines				
Line Number	Item Name	Description	Due Date	Line Amount
1		LINE 1 - RISK		\$1,000.00
RITM0437920				
2		LINE 2 - TS ORACLE CONVERSION/APPS		\$39,198.50
RITM0437920				
3		LINE 3 - DOTI TRANSPORTATION		\$10,000.00
RITM0437920				
4		LINE 4 - TS GIS/DATA HUB/FIVETRAN/ SECURITY		\$102,000.00
RITM0437920				
5		LINE 5 - TS DIRECT CONNECT/ INFRASTRUCTURE		\$240,000.00
RITM0437920				
6		LINE 6 - DDPHE/ REDCAP		\$8,000.00

Service Lines				
Line Number	Item Name	Description	Due Date	Line Amount
RITM0437920				
7		LINE 7 - TS AUTOMATION		\$40,000.00
RITM0437920				
8		LINE 8 - CALL CENTERS		\$100,000.00
RITM0437920				
9		LINE 9 - LIFECYCLE		\$250,000.00
RITM0437920				
10		LINE 10 - UNTAGGED OVERFLOW		\$100,000.00
RITM0437920				
11		Enterprise Network Storage		\$300,000.00
12		Video Storage		\$300,000.00
13		Denver District Attorney		\$50,000.00

AWS 2024 PO

Agency Contact: Julie DeLuca | Julie.DeLuca@denvergov.org
Chris Hagan | chris.hagan@denvergov.org

Supplier Contact: Insight Public Sector, Inc.

RITM0437920

Purchase Order price listed herein includes all shipping and handling.

ALL INVOICING MUST MATCH THE PURCHASE ORDER EXACTLY AND CONTAIN THE PURCHASE ORDER NUMBER.

ALL INVOICES MUST BE SENT DIRECTLY TO THE BILL TO ADDRESS LISTED ON THE PURCHASE ORDER, THIS ADDRESS MAY BE DIFFERENT THAN THE SHIP TO ADDRESS.

CHANGES TO THIS PURCHASE ARE NOT VALID WITHOUT PRIOR APPROVAL FROM PURCHASING.

PRICING SHALL BE COMMUNICATED WITH AGENCY PRIOR TO ORDER FULFILLMENT.
ALL INVOICING AND CORRESPONDENCE MUST CONTAIN THE PURCHASE ORDER NUMBER IN FULL.

Purchase pursuant to DRMC 20-64.5. The terms and conditions herein supersede and replace all terms and conditions of State of Colorado Cloud Solutions/
NASPO Value Point Cloud Solutions 2016-2026 (State of Utah AR2485).

* This Purchase Order is contingent upon approval by City Council as required in DRMC 3.26(e) *



Authorized By

By accepting this Purchase Order you agree to the Terms and Conditions of the General Services Purchasing Division.
Follow the URL provided to the Purchase Order Terms and Conditions –
[https://denvergov.org/files/assets/public/v/1/purchasing/documents/
generalservicespurchasing_general_conditions_of_purchase_11242021.pdf](https://denvergov.org/files/assets/public/v/1/purchasing/documents/generalservicespurchasing_general_conditions_of_purchase_11242021.pdf)

PURCHASING CHANGE ORDER FORM



Purchase Order:
PO-00146376

Date of Request
04/26/2024

Supplier:
INSIGHT PUBLIC SECTOR INC

Buyer:
Tim Marquez

Change Order Summary


Line Total Amount (current overall PO amount)	Total Amount Requested Change	NEW TOTAL P.O. AMOUNT:
\$ 732,700.00	\$ 807,498.50	\$ 1,540,198.50

Supplier Contract:

Requesting Agency Details

Name of Agency Requestor
Sean Greer

E-mail of Agency Requestor

Other Approver (if required)


BMO Approver (if required)

I hereby certify that the above information is correct and there is sufficient budget to process this transaction.

Cost Center Approver (Printed Name and Signature)


Requested Changes to P.O. Lines

Line # Start Date End Date (Leave dates blank if there are no changes)

Amount Ordered (Current) Requested Change Amount Total New Line Amount

Explanation of Requested Changes:

Please add \$27,498.50 to line 2

Leave the Worktag fields below blank if there are no changes to funding sources

SPEND CATEGORY COST CENTER FUND GRANT (if applicable) PROGRAM CODE
 PROJECT NUMBER (PRJ #) CAPITAL PROGRAM (EX: GK070 - ADA IMPROVEMENTS) ADDITIONAL WORKTAGS

Line # Start Date End Date (Leave dates blank if there are no changes)

Amount Ordered (Current) Requested Change Amount Total New Line Amount

Explanation of Requested Changes:

Please add \$130K to line 9

Leave the Worktag fields below blank if there are no changes to funding sources

SPEND CATEGORY COST CENTER FUND GRANT (if applicable) PROGRAM CODE
 PROJECT NUMBER (PRJ #) CAPITAL PROGRAM (EX: GK070 - ADA IMPROVEMENTS) ADDITIONAL WORKTAGS

Line # Start Date End Date (Leave dates blank if there are no changes)

Amount Ordered (Current) Requested Change Amount Total New Line Amount

Explanation of Requested Changes:

New line desc " Line 11: Enterprise Network Storage "

Leave the Worktag fields below blank if there are no changes to funding sources

SPEND CATEGORY COST CENTER FUND GRANT (if applicable) PROGRAM CODE
 PROJECT NUMBER (PRJ #) CAPITAL PROGRAM (EX: GK070 - ADA IMPROVEMENTS) ADDITIONAL WORKTAGS

Line #	Start Date	End Date
12		12/31/2028 (Leave dates blank if there are no changes)

Amount Ordered (Current)	Requested Change Amount	Total New Line Amount
	\$ 300,000.00	\$ 300,000.00

Explanation of Requested Changes:
 New line desc: " Line 12: Video Storage "

Leave the Worktag fields below blank if there are no changes to funding sources

SPEND CATEGORY	COST CENTER	FUND	GRANT (if applicable)	PROGRAM CODE
81110000	3070110	34080		
PROJECT NUMBER (PRJ #)	CAPITAL PROGRAM (EX: GK070 - ADA IMPROVEMENTS)		ADDITIONAL WORKTAGS	
PRJ-10005388	Z1905			

Line #	Start Date	End Date
13		12/31/24 (Leave dates blank if there are no changes)

Amount Ordered (Current)	Requested Change Amount	Total New Line Amount
	\$50,000.00	\$ 50,000.00 -

Explanation of Requested Changes:
 NEW Line 13: Denver District Attorney

Leave the Worktag fields below blank if there are no changes to funding sources

SPEND CATEGORY	COST CENTER	FUND	GRANT (if applicable)	PROGRAM CODE
81110000	0401100	01010		
PROJECT NUMBER (PRJ #)	CAPITAL PROGRAM (EX: GK070 - ADA IMPROVEMENTS)		ADDITIONAL WORKTAGS	

Line #	Start Date	End Date
		(Leave dates blank if there are no changes)

Amount Ordered (Current)	Requested Change Amount	Total New Line Amount
		\$ -

Explanation of Requested Changes:

Leave the Worktag fields below blank if there are no changes to funding sources

SPEND CATEGORY	COST CENTER	FUND	GRANT (if applicable)	PROGRAM CODE
PROJECT NUMBER (PRJ #)	CAPITAL PROGRAM (EX: GK070 - ADA IMPROVEMENTS)		ADDITIONAL WORKTAGS	